

Name  
in  
Full

Sarah Allen

## CERTIFICATE OF DEATH

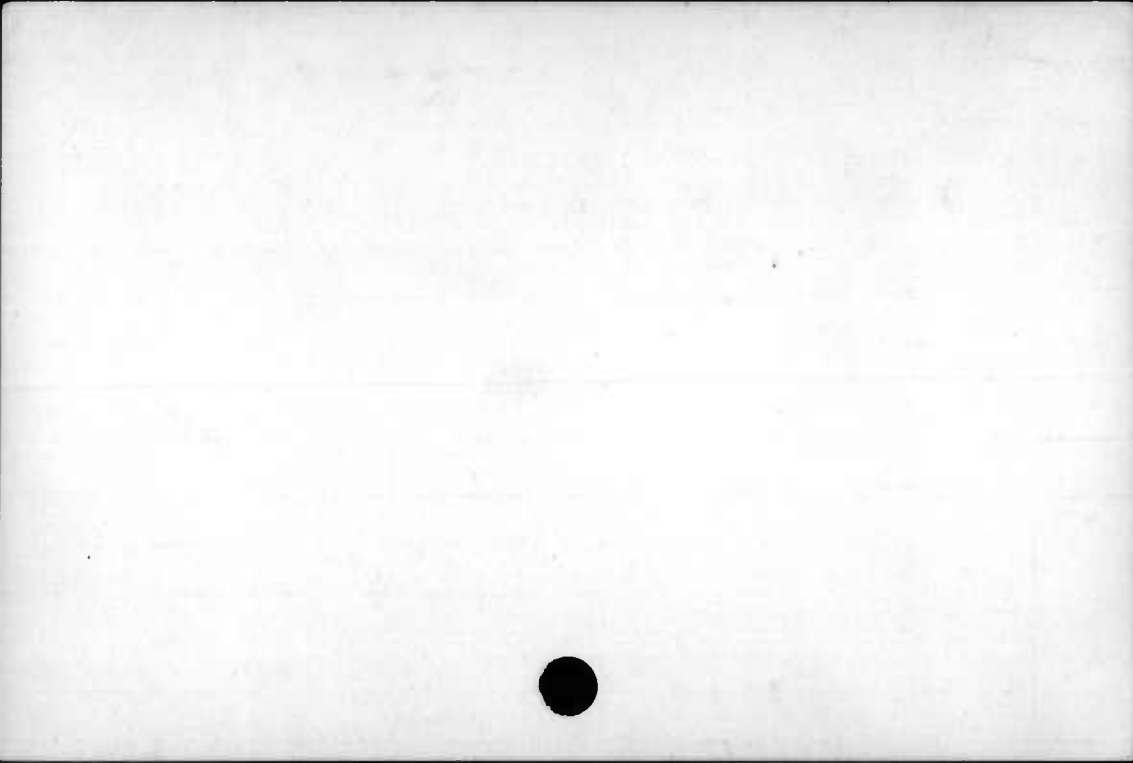
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Nanticoke</u> Town		<u>theomies</u> County		MARYLAND	
Date of death	<u>1907</u>	Month	<u>Jan.</u>	Day	<u>15</u>
Age		<u>38</u>	Years	<u>37</u>	
Sex		<u>female</u>	Color or Race	<u>colored</u>	Birth-place
Occupation		<u>housekeeper</u>		Where Residing if not at place of death	
Married, Single or Widowed		<u>married</u>		Name of Wife or Husband	
Father's Name		<u>Mitchell Jones</u>		Father's Birthplace	
Mother's Maiden Name		<u>Elizabeth Garrison</u>		Mother's Birthplace	
Name of person giving information		<u>Stephen Allen</u>		How related to deceased	
				<u>husband.</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tumor uterus</u>	How long	<u>1 yr.</u>
Immediate	<u>Splenicemia</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	
Signature of Physician		<u>J.R. Bishop</u>	
Address		<u>Nanticoke</u>	
Accident or Suicide?		<u>No</u>	



Name  
in  
Full

Roy Thomas Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

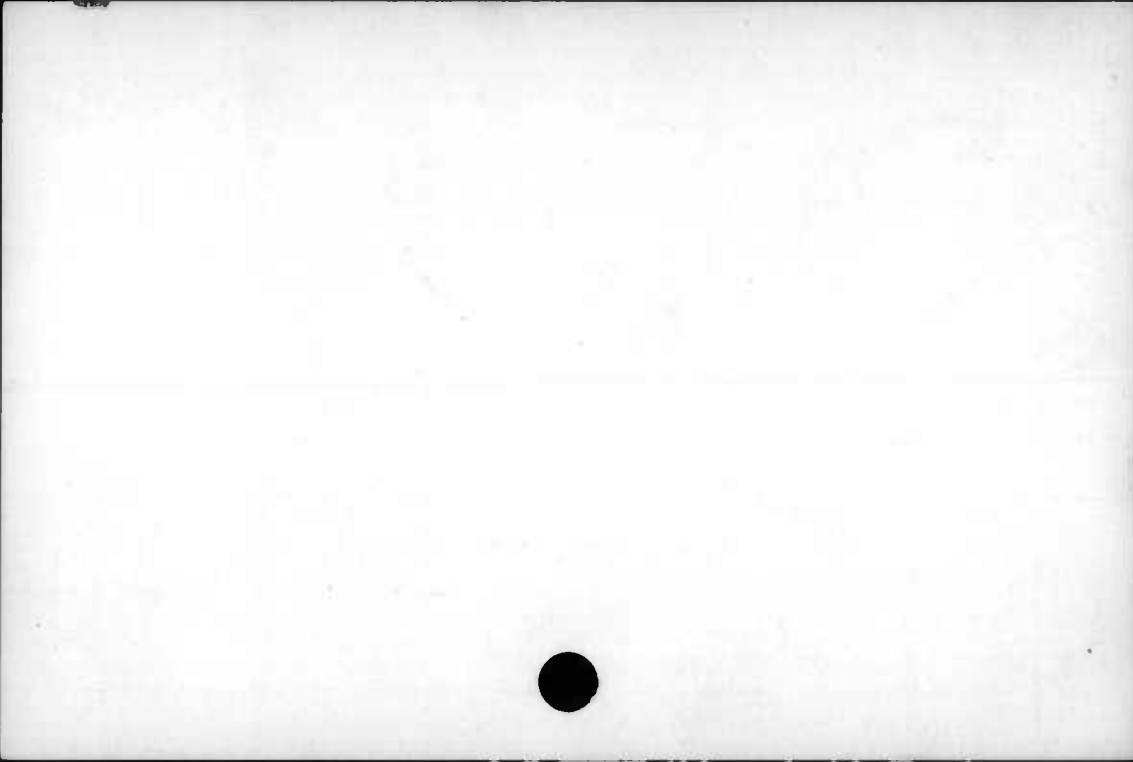
Died at *Salisbury* <sup>Town</sup> *Wisconsin* <sup>County</sup>  
 Date of death 1907 <sup>Month</sup> *Jan* <sup>Day</sup> *22* Age *5* <sup>Years</sup> *5* <sup>Months</sup> *2* <sup>Days</sup>  
 Sex *male* Color or Race *Colored* Birth-place *Na*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Thomas Black* Father's Birthplace *McL*  
 Mother's Maiden Name *Adda R Handy* Mother's Birthplace *McL*  
 Name of person giving information *Thomas Black* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Don't* *know* How long \_\_\_\_\_  
 Immediate *Don't* *know* How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. W. Todd*  
 Address *Salisbury*  
 Accident or Suicide? *No*



Name  
in  
Full

Charlotte Booth

## CERTIFICATE OF DEATH

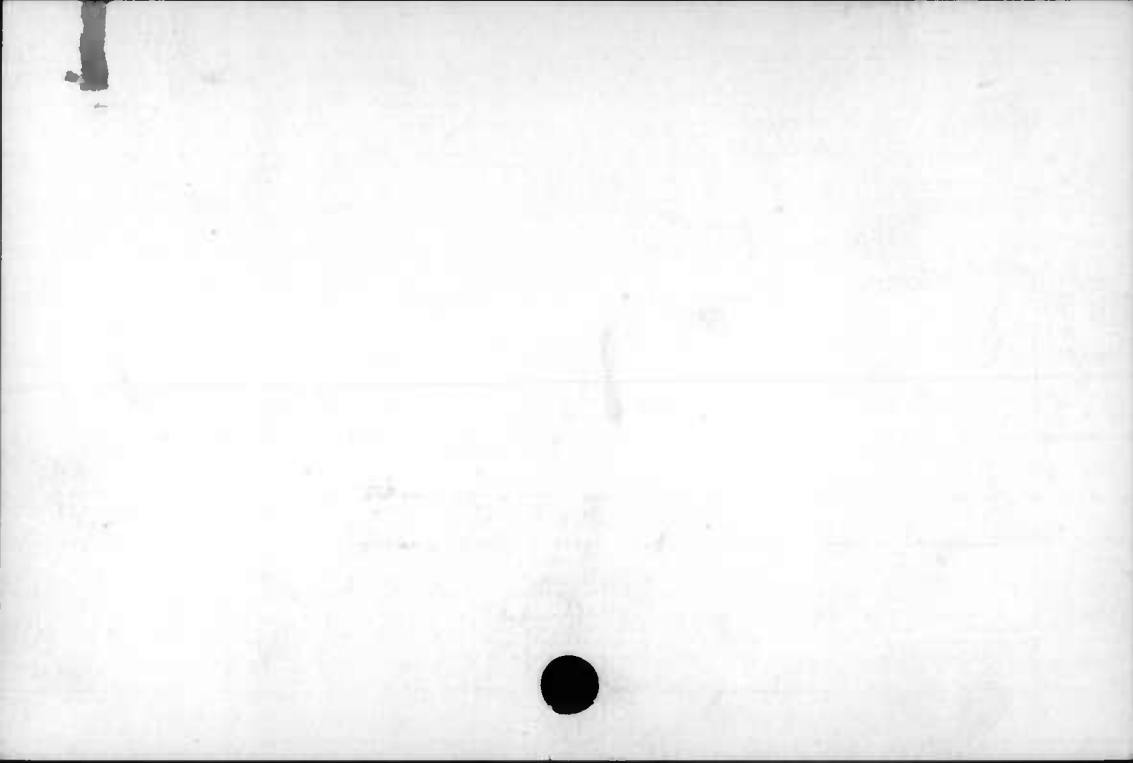
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1907</u> Jan	Month	<u>1</u> Day	Years	<u>60</u> Months
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Md</u>
Occupation	<u>Housework</u>		Where Residing if not at place of death		
<del>Married</del> or Widowed	Name of <del>Wife</del> or Husband		<u>Griffin Booth</u>		
Father's Name	<u>Mitchell Townsend</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Mary Mitchell</u>		Mother's Birthplace	<u>Md</u>	
Name of person giving information	<u>Frank G Booth</u>		How related to deceased	<u>Son</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Stomach cancer</u>	How long	<u>2 years</u>
Immediate	<u>Aschemia &amp; sepsis</u>	How long	<u>few weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>J. A. Davis</u>	
		Address	
		<u>Salisbury Md</u>	
Accident or Suicide?			
<u>No</u>			



Name  
in  
Full

Charles B. Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1907</u> Month <u>Jan</u>	Day <u>6<sup>th</sup></u>	Age <u>23</u> Years <u>(23)</u>	Months <u>5</u>	Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Surrey Co. Del.</u>
Occupation	<u>Farmer</u>	Where Residing if not at place of death <u>Somerset Co. Md.</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>James B. Brown</u>			Father's Birthplace	<u>Del.</u>
Mother's Maiden Name	<u>Sarah E. Bailey</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Harry W. Brown</u>			How related to deceased	<u>Brother</u>

## CAUSES OF DEATH

Primary	<u>Spontaneous</u>	How long	<u>6 weeks</u>
Immediate	<u>Acute general peritonitis</u>	How long	<u>2 days</u>

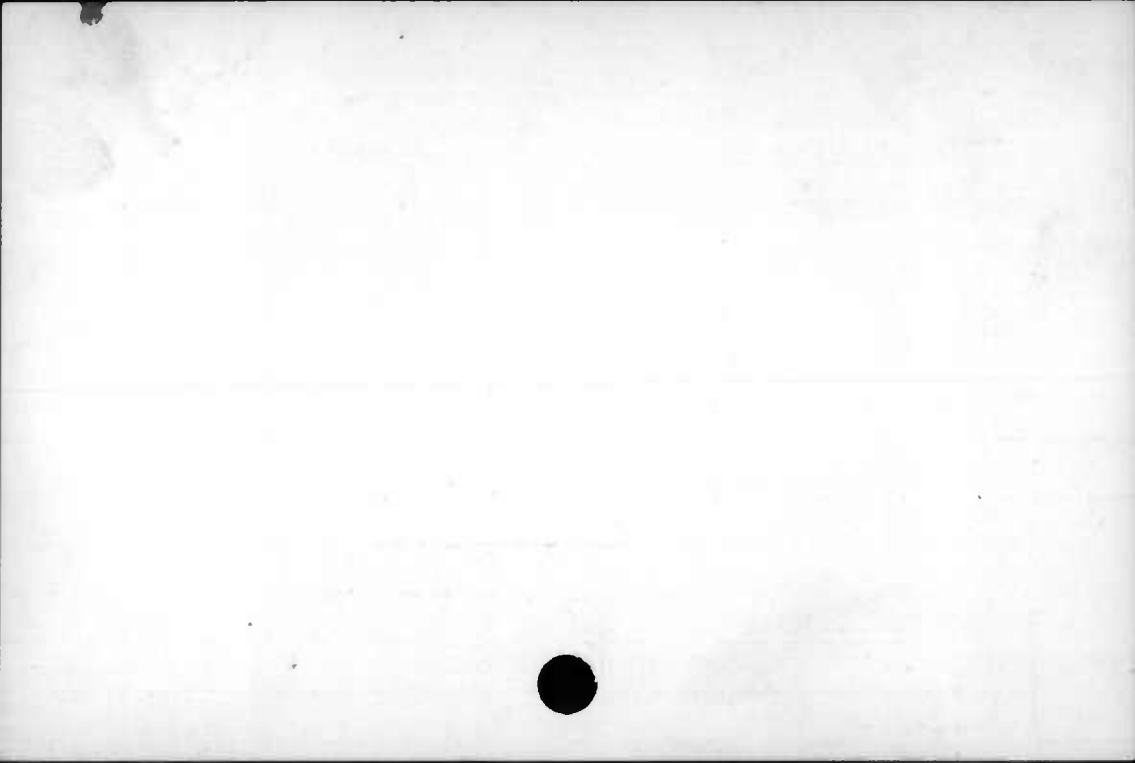
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

J. J. Smith  
Salisbury, Md.

Accident or Suicide? no



Name  
in  
Full

Charlotte Bussells

## CERTIFICATE OF DEATH

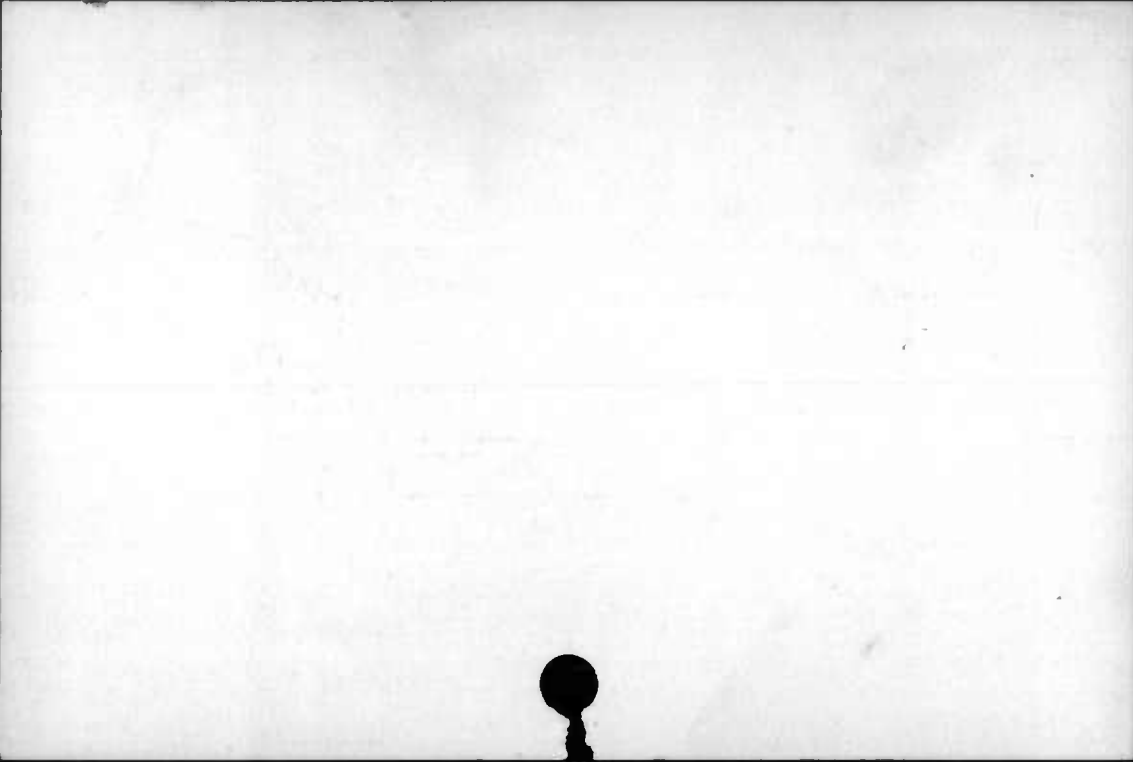
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan.</i>	Day <i>24</i>	Age <i>69</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Gillis Bussells</i>			
Father's Name <i>Don't know</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>J. H. Hagman</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Years</i>
Immediate <i>Exhaustion</i>	How long <i>7</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. Todd</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

Julia J. Calloway

Town

County

MARYLAND

Died at

Salisbury

Whomoe

Date

of death 1907

Month

Jan

Day

21

Age

Years

56

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Del

Occupation

Housework

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of ~~Wife~~  
Husband

James W. Calloway

Father's  
Name

Frederick Hastings

Father's  
Birthplace

Del

Mother's  
Maiden Name

Grace L. Davis

Mother's  
Birthplace

Del

Name of person giving  
Information

Marion C. Williams

How related  
to deceased

Son in law

## CAUSES OF DEATH

Primary

Valvular Heart trouble

How long

Indefinite

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Harry C. Trull  
Salisbury Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Edward Christopher

## CERTIFICATE OF DEATH

Died <sup>near</sup> *Levittown* <sup>Town</sup><sup>County</sup> *Wicomico*

MARYLAND

Date of death *1907 Jan.*Day *28<sup>th</sup>*Age *75*

Months

Days

Sex *Male*Color or  
Race*Black*Birth-  
place*Maryland*

Occupation

*Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Sarah Christopher*Father's  
Name*Not known*Father's  
Birthplace*~~~~~*Mother's  
Maiden Name*Ruth Christopher*Mother's  
Birthplace*Maryland*Name of person giving  
in information*Francis H. Jones*How related  
to deceased*None*

## CAUSES OF DEATH

Primary

*Grippe*

How long

*2 or 3 weeks*

Immediate

*Inanition* *Black Legion*

How long

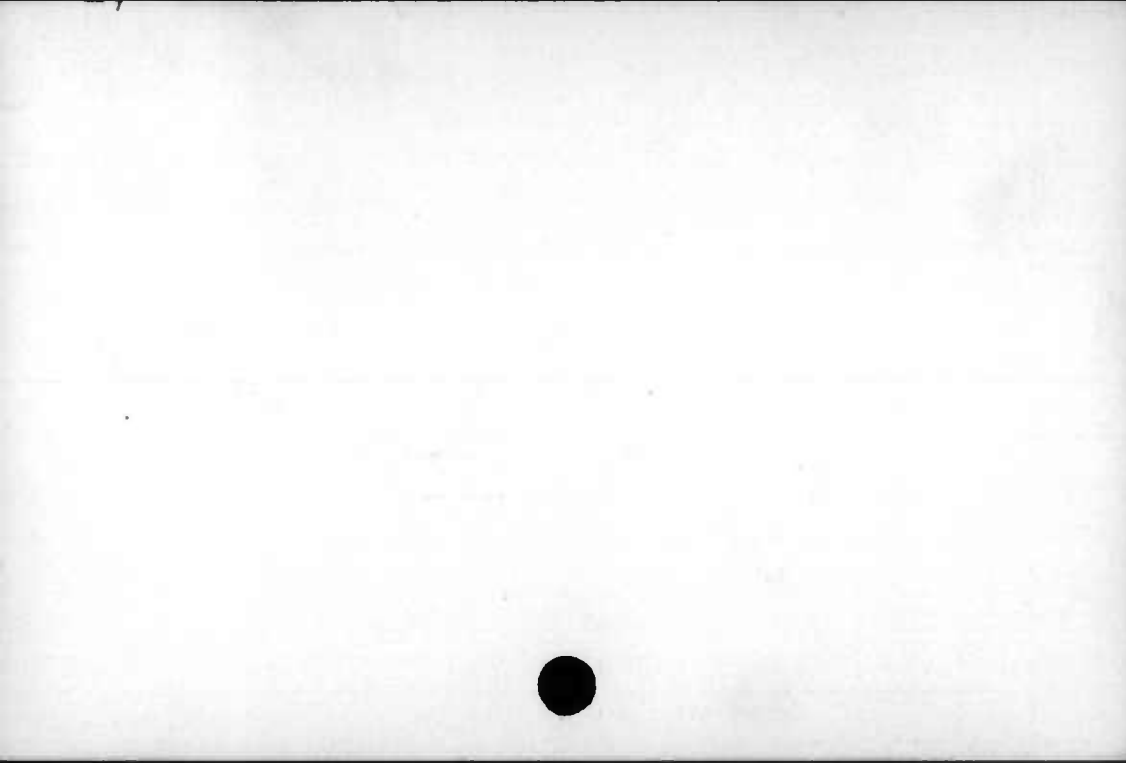
*2 or 3 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*F. M. Clements M.D.*

Address

*Dalisbury**Md.*

Accident or Suicide?

*9*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Charles Lee Collins

## CERTIFICATE OF DEATH

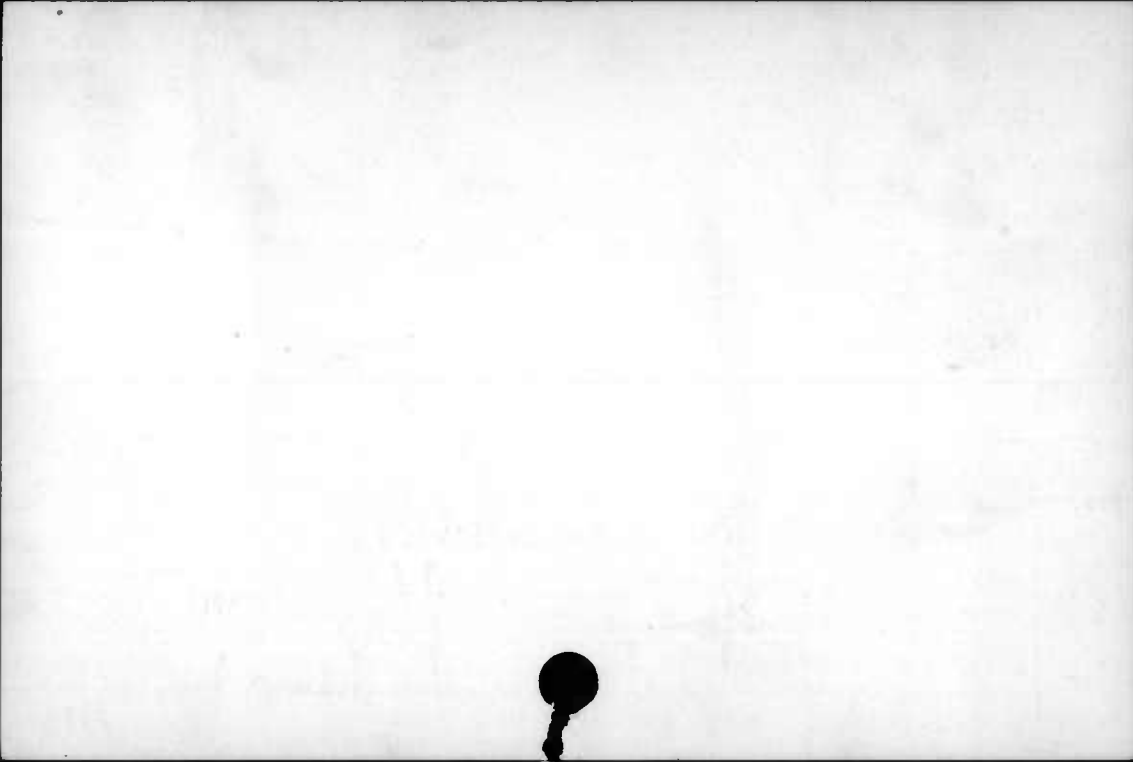
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Jan	Day	6
Age	14	Years		Months	10
Sex	male	Color or Race	Colored	Birth-place	Northampton Co. Pa.
Occupation	<i>Farmer</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	<i>Horace Collins</i>			Father's Birthplace	<i>Pa.</i>
Mother's Maiden Name	<i>Sabitha Satchel</i>			Mother's Birthplace	<i>Pa.</i>
Name of person giving information	<i>Kirk Collins</i>			How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gun shot wound right thigh</i>	How long	<i>Immediate</i>
Immediate	<i>Shock</i>	How long	<i>7 or 8 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. Carith</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?	<i>Accident</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

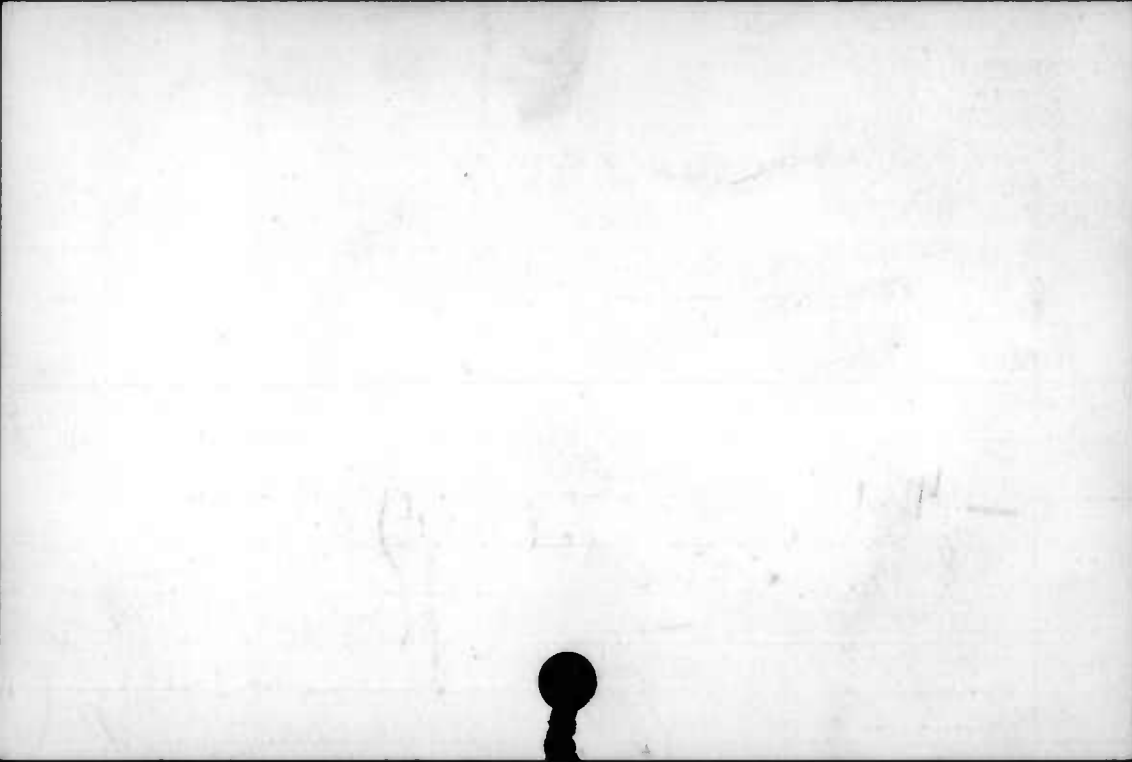
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Infant Washfield</b>		County <b>Wicomico</b>		MARYLAND	
Died at <b>Salisbury</b>		Month <b>Jan</b>		Day <b>28</b>	
Date of death <b>1907</b>		Age <b>4</b>		Months <b>4</b>	
Sex <b>Male</b>		Color or Race <b>Black</b>		Birth-place <b>Salisbury Md</b>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <b>Do not know</b>		Father's Birthplace			
Mother's Maiden Name <b>Elsie Washfield</b>		Mother's Birthplace <b>Md</b>			
Name of person giving information <b>John Anderson</b>		How related to deceased <b>no relation</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Immediate <b>7 Month Pregnancy - (Child)</b>		How long	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		How long	
Signature of Physician <b>Harry C. Trull</b>		Address <b>Salisbury Md</b>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

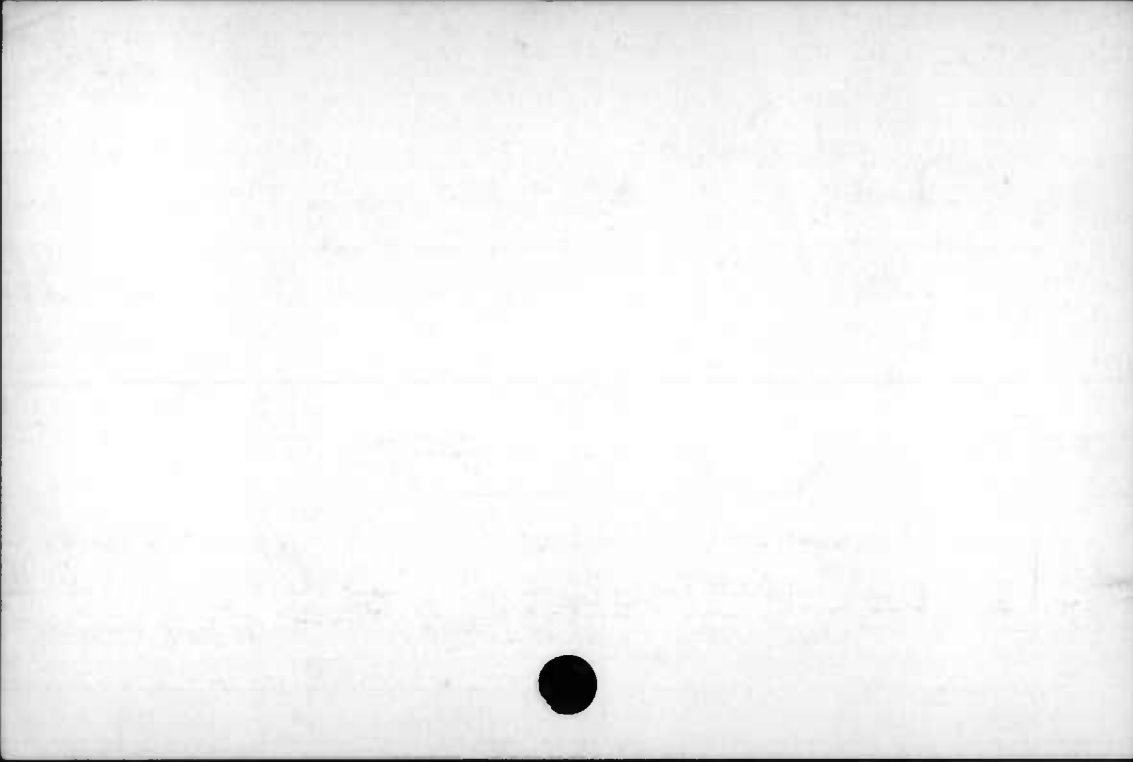
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Town		County		MARYLAND	
Died at		Jesterville		Marshall			
Date of death		Month	Day	Age	Years	Months	Days
1907		Jan	28	68		9	6
Sex		Color or Race		Birth- place			
male		colored		Jesterville md			
Occupation		Where Residing if not at place of death					
none							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Melkey Daskhild					
Father's Name		Father's Birthplace					
John A Daskhild		Jesterville					
Mother's Maiden Name		Mother's Birthplace					
Barkley		Kentucky					
Name of person giving In formation		How related to deceased					
James H Daskhild		Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Genuinely Debility		12 months	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
9		Address	
Accident or Suicide?		Dr J H O Day Jesterville md	



Name  
in  
Full

Sarah Handy or Dashiell

## CERTIFICATE OF DEATH

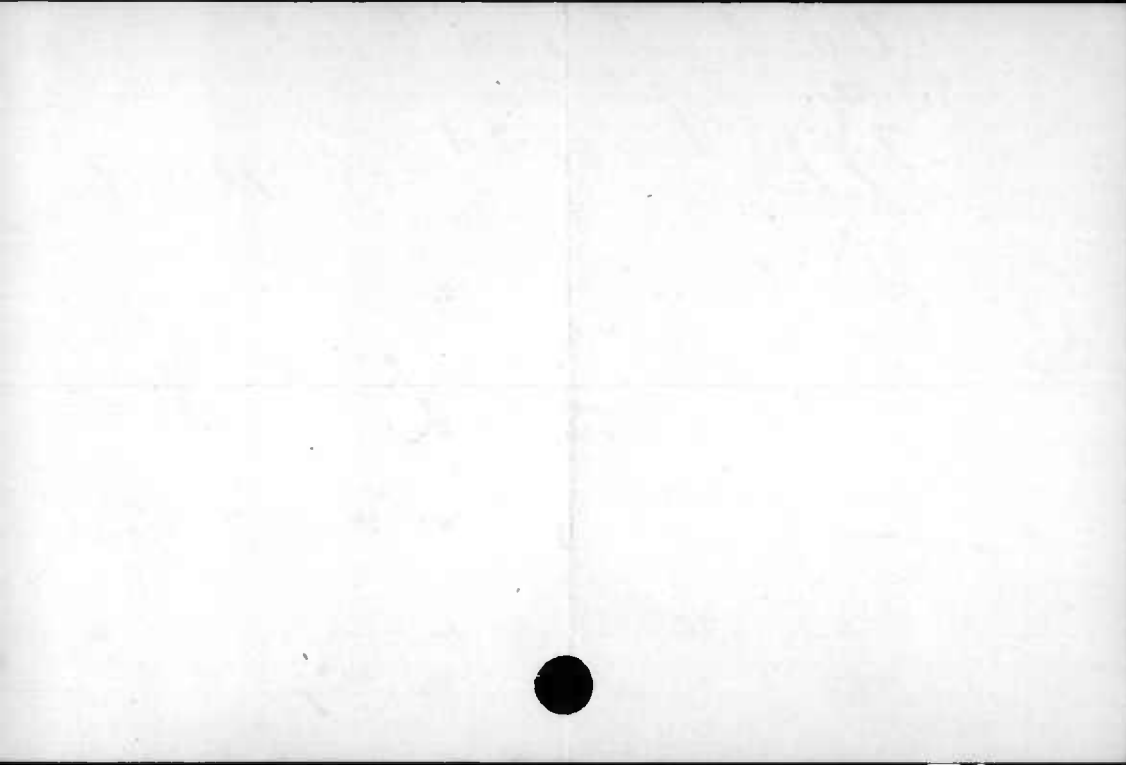
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i> <sup>Month</sup>	<i>Jan</i> <sup>Day</sup>	<i>3</i> <sup>Years</sup>	<i>18</i> <sup>Months</sup>	<i>?</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>negro</i>	Birth-place	<i>Dont know</i>
Occupation	<i>Servant</i>		Where Residing if not at place of death <i>Wicomico Co.</i>		
Married, Single or Widowed	<i>Single ?</i>		Name of Wife or Husband _____		
Father's Name	<i>Dont know</i>			Father's Birthplace	<i>Dont know</i>
Mother's Maiden Name	<i>Dont know</i>			Mother's Birthplace	<i>Dont know</i>
Name of person giving information	_____			How related to deceased	_____

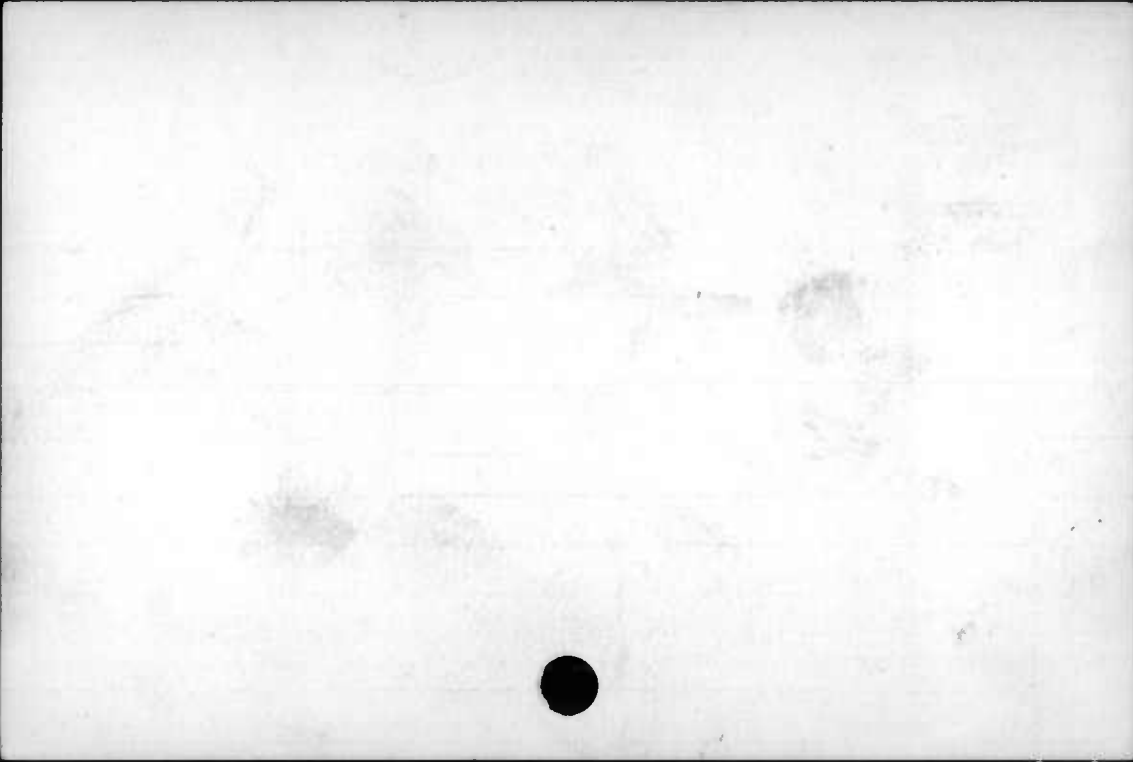
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculous Peritonitis</i>	How long	<i>Several months ?</i>
Immediate	<i>Collapse</i>	How long	<i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Louis W. Morris M.D.</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?			



Name in Full		Willard, Clarence Efford				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Home		Town		
		Bivall		County		MARYLAND		
		Date of death		1907	Month	Jan.	Day	Thursday
		Age		24	Years	7	Months	Days
		Sex		White	Color or Race		Male	Birth-place
Occupation		Trucking		Where Residing if not at place of death				
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		James B. Efford				Father's Birthplace		Virginia
Mother's Maiden Name		Henretta L. Efford				Mother's Birthplace		Virginia
Name of person giving information		Edward W. Efford				How related to deceased		Brother
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Tuberculosis Pulmonary		How long		2 years
		Immediate		Pulmonary collapse		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. K. Bishop
				Address		Edenbrook		
		Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

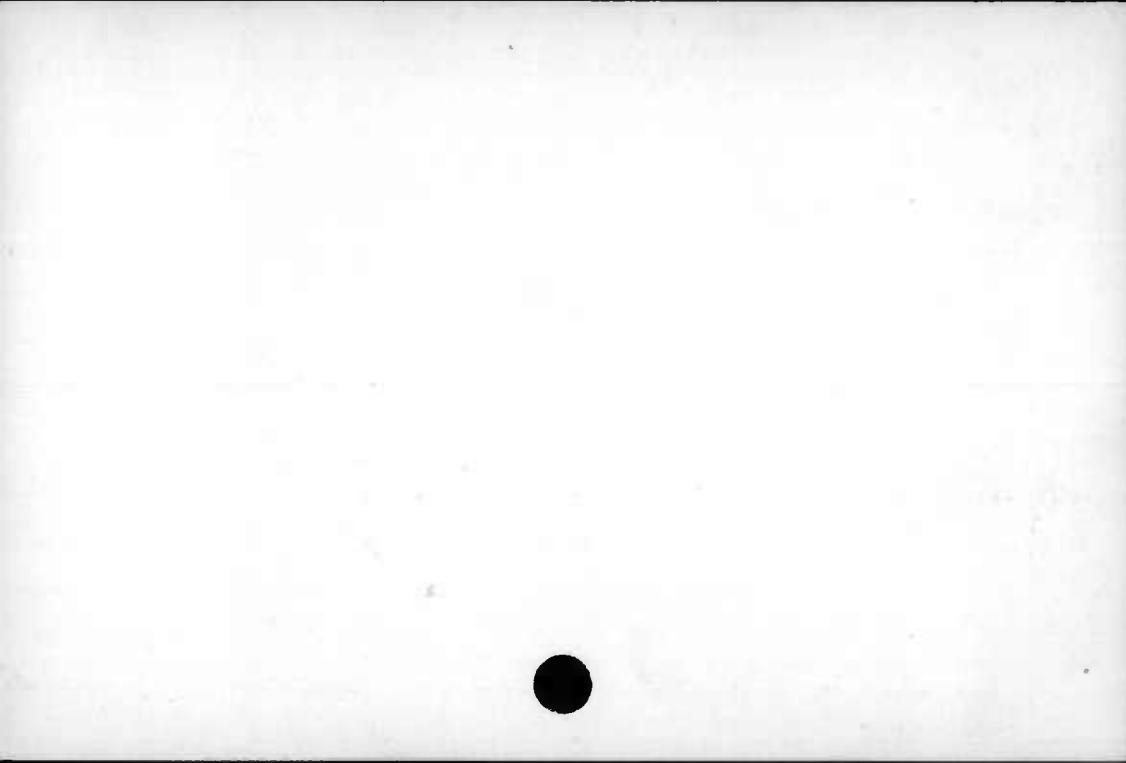
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Walnut Trees</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1907 Jan. 17</i>		Age <i>61</i> Years		Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>E. J. Flemming</i>				
Father's Name <i>William Richardson</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Gordy</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>W. F. Elliott</i>		How related to deceased <i>Son in Law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Uterus</i>	How long <i>2 years</i>
Immediate	<i>Hemorrhage</i>	How long <i>2 or 3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. M. Todd</i>
		Address <i>Salisbury Md</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

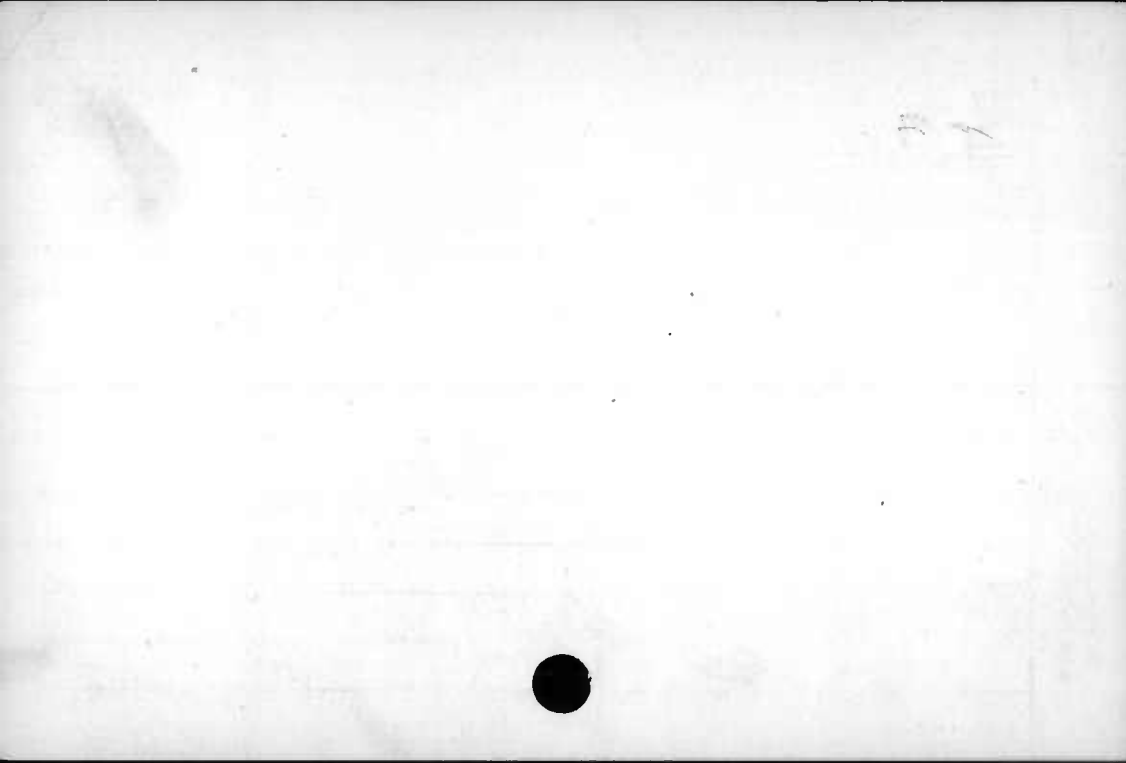
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>John W. Goslee</i>		County <i>Wicomico</i>		MARYLAND	
Town <i>Spring Hill</i>					
Date of death <i>1907 Jan 21st</i>		Age <i>60</i>		Months <i>5</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Annelia Goslee</i>			
Father's Name <i>Selby Goslee</i>		Father's Birthplace " " "			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace " " "			
Name of person giving information <i>Geo. W. Hearn</i>		How related to deceased <i>Brother in law</i>			

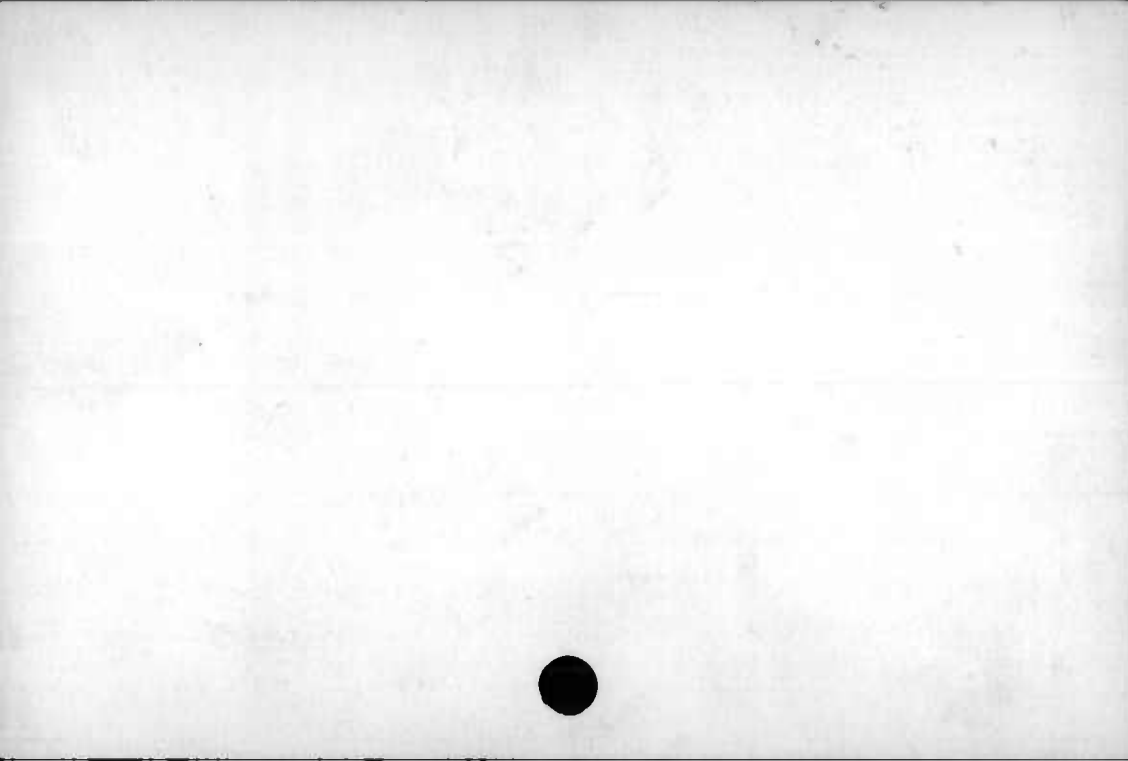
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Intestine</i>	How long <i>6 months</i>
Immediate <i>Effusion</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Cadiz</i>
Accident or Suicide? <i>No</i>	Address <i>Salisbury Md</i>



Name in Full		Charles Wesley Hatton				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Mardela Spgs		County		MARYLAND						
	Date of death		1907	Month	Jan	Day	10	Years	63	Months	8	Days	3
	Sex		Male		Color or Race		White		Birth-place		Mardela		
	Occupation		Blacksmith		Where Residing if not at place of death		Athel						
	Married, Single or Widowed		Married		Name of Wife or Husband		Martha's Hatton						
	Father's Name		Francis A Hatton		Father's Birthplace		Athel						
	Mother's Maiden Name		May H Hatton		Mother's Birthplace		Rockingham						
	Name of person giving information		Howard L Hatton		How related to deceased		Son						
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary		Tuberculosis - Chronic				How long						
	Immediate		Pneumonia				How long		4 days				
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		J. Eldredge, M.D.				
							Address		Mardela Springs, Md				
	Accident or Suicide?												



Name  
in  
Full

Rachel J. Hayman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Salisbury* Town *Wicomico* County

MARYLAND

Date of death *1907* Month *Jan.* Day *10th* Age *80* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Joshua Hayman*

Father's Name *N. Robinson* Father's Birthplace  *Md.*

Mother's Maiden Name *Sarah Bullet* Mother's Birthplace *"*

Name of person giving information *Frank H. Jones* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Infirmities of age* **154** How long *Several Years*

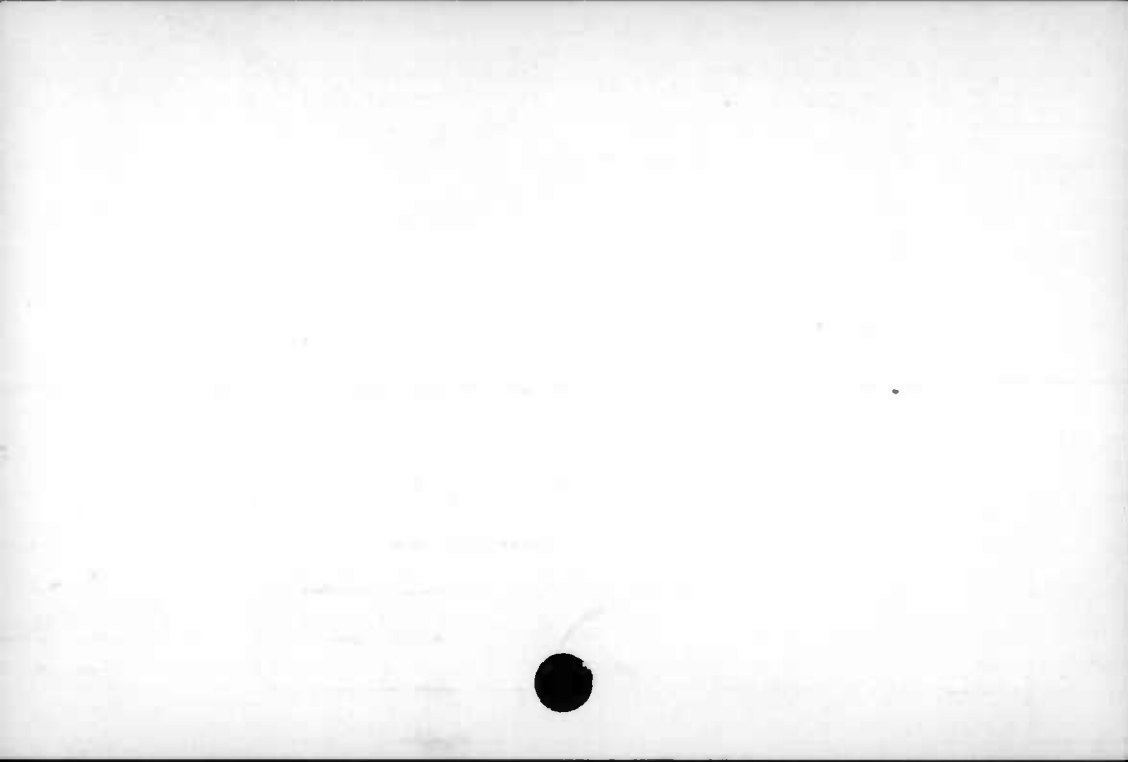
Immediate *Inanition & Frank Jones* How long *Several Months*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *F. M. Clemens M. D.*

Address *Salisbury Md*

Accident or Suicide?



Name  
in  
Full

Elihu G. Hitchens

## CERTIFICATE OF DEATH

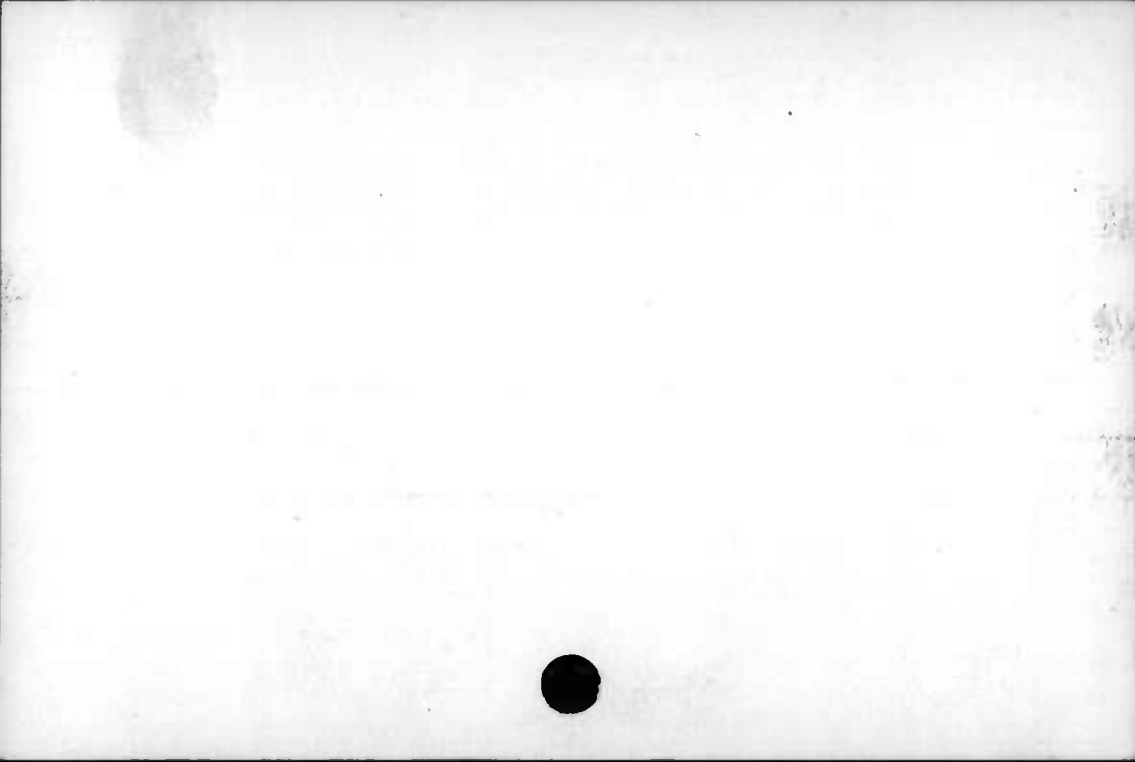
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Jan</u> <small>Month</small>	<u>11</u> <small>Day</small>	Age <u>57</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>25</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Sailor</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Nancy Hitchens</u>				
Father's Name <u>Joseph Hitchens</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Mary E. Windsor</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>G. W. Hitchens</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>20</u>
Immediate <u>Arteriosclerosis</u>	How long <u>11 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
<u>[Signature]</u>	Address <u>Salisbury Ind</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Miss Esther Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Salisbury

Town

County

Wicomico

MARYLAND

Date

1907

Month

Jan

Day

20

Age

Years

79

Months

11

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Occupation

None

Where Residing if not  
at place of death

Died at the home for the aged

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Thomas Johnson

Father's  
Birthplace

Not known

Mother's  
Maiden Name

Ann Johnson

Mother's  
BirthplaceName of person giving  
In formation

Mrs Sophie Powell Matron of the home

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Infirmitie of Age

How long

Several Years

Immediate

Mania

How long

Several Days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

F. M. Clemens M.D.

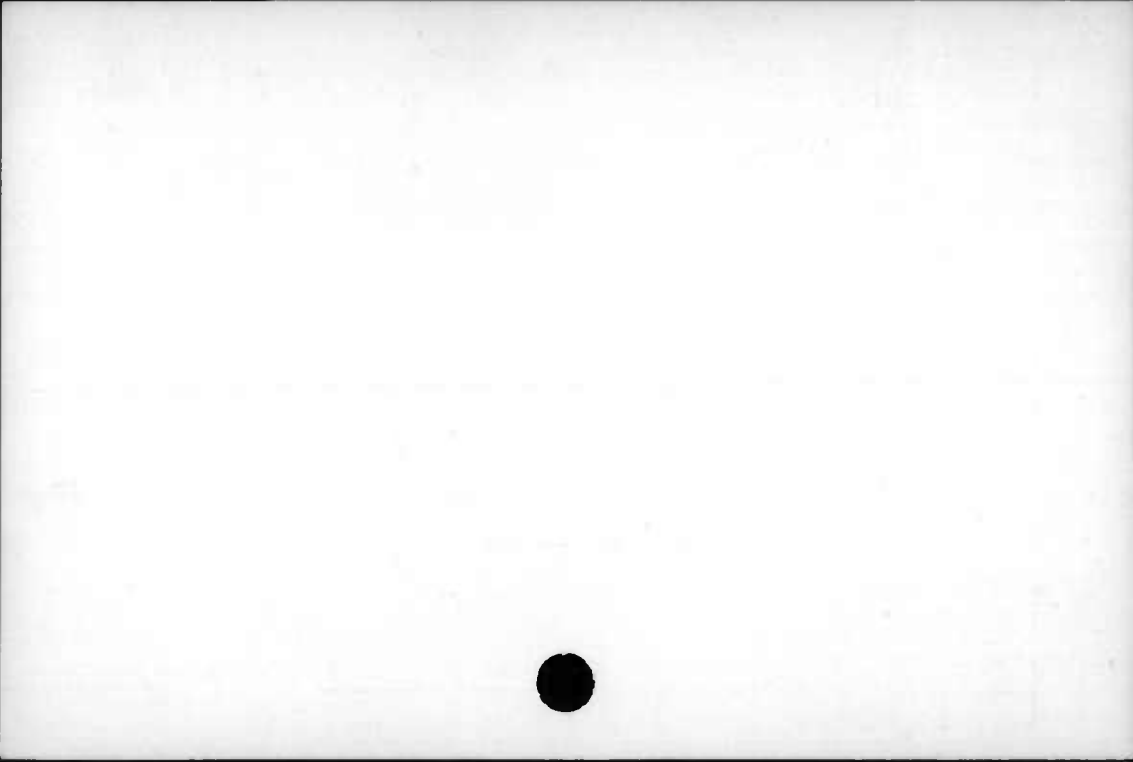
Address

Salisbury

Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William Jones

Died at

Salisbury

Town

Wicomico

County

MARYLAND

Date

of death

1907 Jan

Month

30

Day

Age

Years

2

9

Months

15

Days

Sex

male

Color or  
Race

Black

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Hooper G Jones

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary A Jones

Mother's  
Birthplace

Md

Name of person giving  
In formation

Hooper G Jones

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Burns

How long

3 or 4 weeks

Immediate

Exhaustion

How long

Several days

Are the name, age, sex, color, date  
and place correctly given above?

yes

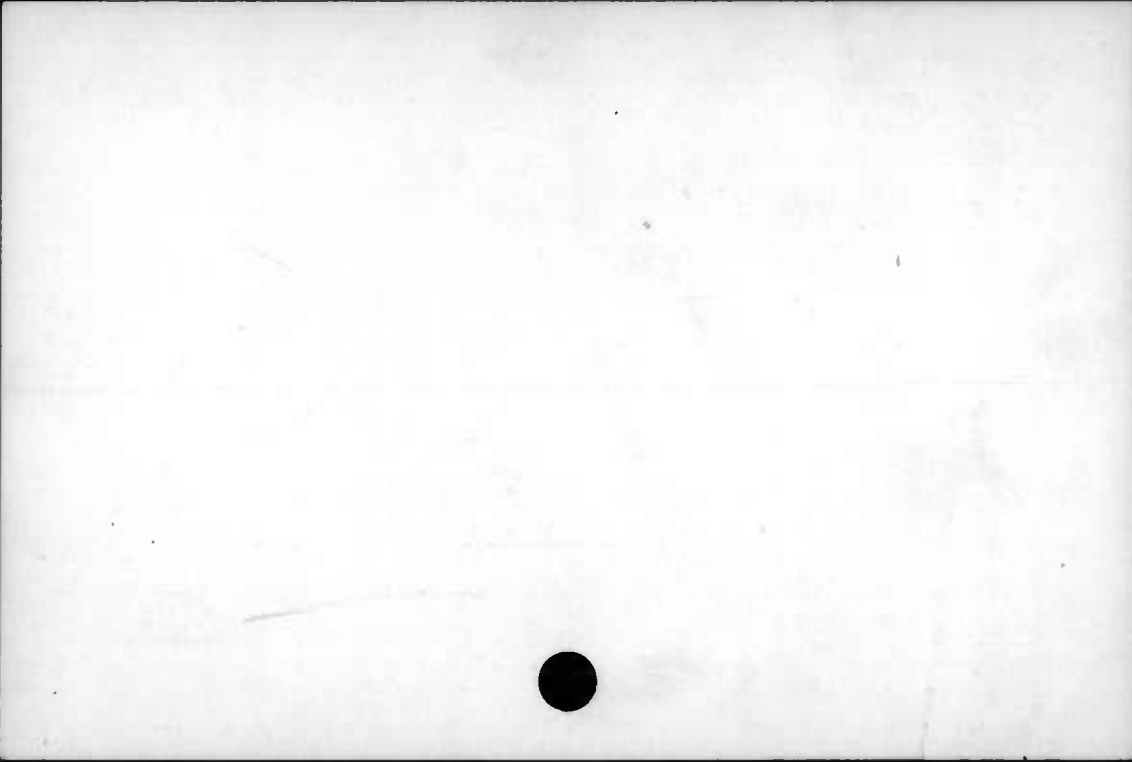
Signature of  
Physician

Geo. W. Todd

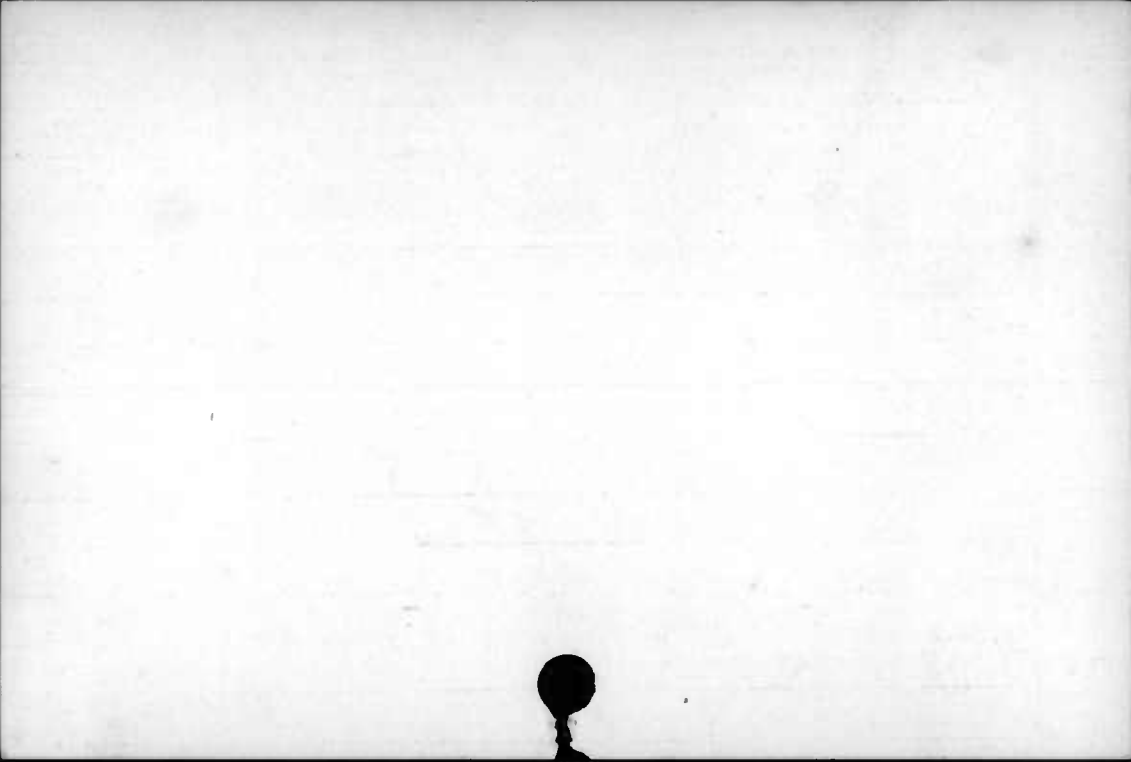
Address

Salisbury Md

Accident or Suicide?



Name in Full		George W. Leonard of B.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Near Salisbury		County Wicomico		MARYLAND	
	Date of death	1904	Month Jan.	Day 18 <sup>th</sup>	Age 79	Years 79	Months 4
	Sex	Male		Color or Race	White		Birth- place
	Occupation	Farmer		Where Residing if not at place of death			
	Married, Single or Widowed	Widower		Name of Wife or Husband			
	Father's Name	Benjamin Leonard				Father's Birthplace	Maryland
	Mother's Maiden Name	Not known				Mother's Birthplace	
	Name of person giving information	Harry Leonard				How related to deceased	Son
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Carcinoma of Bowel				How long	4 weeks
	Immediate	Carcinoma of Bowel				How long	4 weeks
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?						



Name  
in  
Full

Lelli C Leonard

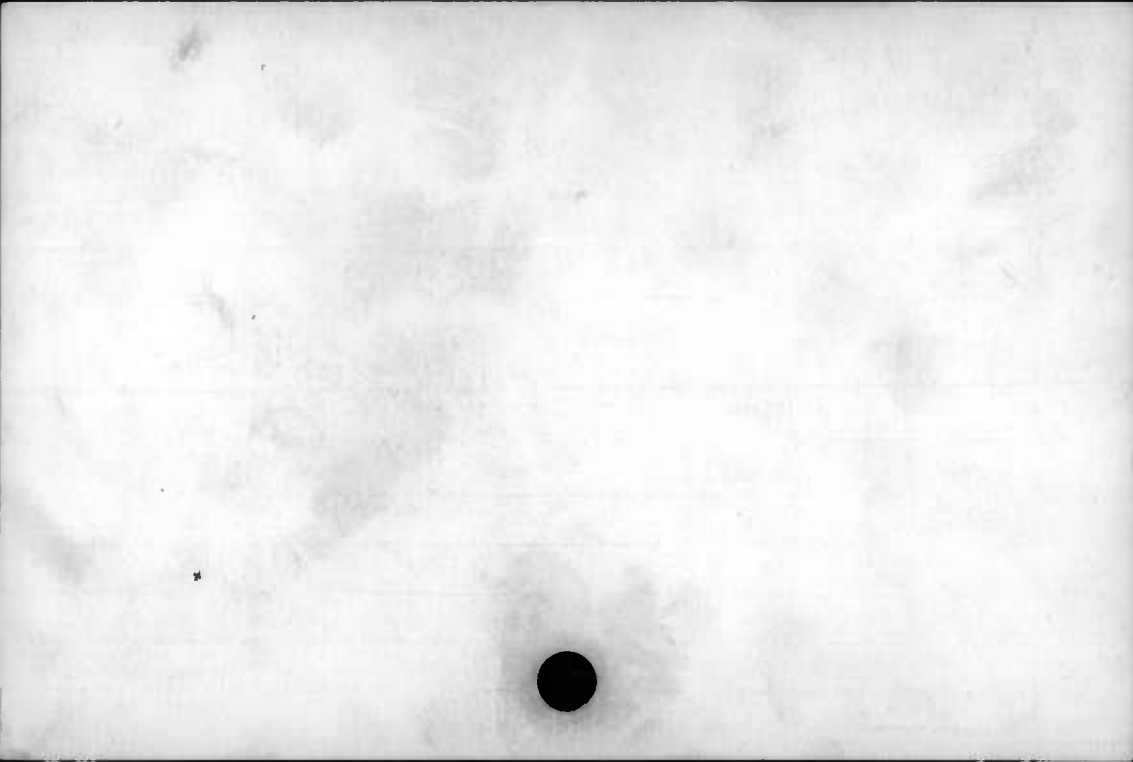
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND					
Date of death	1907	Jan	5	Age	23	6	Months	22	Days
Sex	<u>Female</u>		Color or Race	<u>Black</u>		Birth-place	<u>MD</u>		
Occupation	<u>Housework</u>			Where Residing if not at place of death					
Manner Single or <del>Widow</del>				Name of Wife or Husband					
Father's Name	<u>John W Leonard</u>					Father's Birthplace	<u>MD</u>		
Mother's Maiden Name	<u>Leah J Bravington</u>					Mother's Birthplace	<u>MD</u>		
Name of person giving information	<u>Leah J Leonard</u>					How related to deceased	<u>Mother</u>		

PHYSICIAN  
OR CORONER

Primary	<u>Tubercular Phtisis</u>	How long	<u>3 mo</u>
Immediate	<u>Same</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Nancy C. Lee</u>
		Address	<u>Salisbury MD</u>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		1	14	Age about 75			
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed				Name of Wife or Husband			
Widowed							
Father's Name				Father's Birthplace			
Burr Low				Maryland			
Mother's Maiden Name				Mother's Birthplace			
May Low				Maryland			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary		How long	
Chronic Bright's disease		several years	
Immediate		How long	
Chronic Chorea		48 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
9		W. H. H. H. H. H.	
		Address	
Accident or Suicide?			



Name  
in  
Full

Levin L W McClain


## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wilcombe</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Year</small>	<u>Jan</u> <small>Month</small>	<u>1</u> <small>Day</small>	Age <u>73</u> <small>Years</small>	<u>1</u> <small>Months</small> <u>4</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Don't know</u>		
Occupation <u>Trucker</u>			Where Residing if not at place of death		
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband <u>Mary E McClain</u>			
Father's Name <u>James McClain</u>			Father's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>Don't know</u>		
Name of person giving information <u>Wayton E McClain</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>3 weeks</u>
Immediate	<u>Heart Failure</u>	How long	<u>2 or 3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. M. Clements M.D.</u>	
 Accident or Suicide?		Address <u>Salisbury</u>	
		<u>MD</u>	



Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Annabel S. Morris*

Died at *Salisbury* Town *Wicomico* County *MARYLAND*

Date of death *1907* Month *Jan* Day *15* Age *20* Years Months *1* Days *8*

Sex *Female* Color or Race *White* Birth-place *Farmington, Md*

Occupation *none* Where Residing if not at place of death *✓*

Married, Single or Widowed *Married* Name of Wife or Husband *Harvey Byrd Morris*

Father's Name *Wm. J. Sudler* Father's Birth-place *Farmington, Md*

Mother's Maiden Name *Annie Upshur Curtis* Mother's Birth-place *Farmington, Md*

Name of person giving information *Elizabeth J. Sudler* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Septicemia* How long *3 days*

Immediate *Septicemia + pneumonia* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. M. Leitch*

Address *Salisbury, Md*

Accident or Suicide? *No*

12-7-1886

Name  
in  
Full

## CERTIFICATE OF DEATH

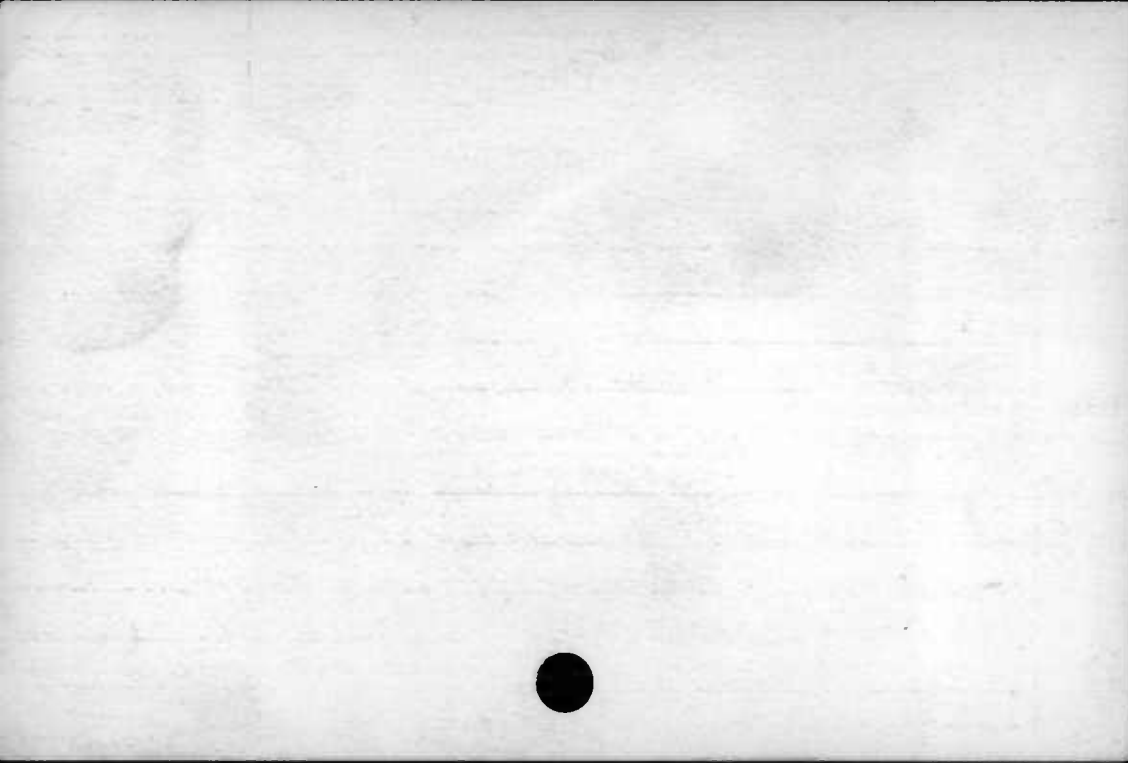
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1907	Month	Jan	Day	20
Age	57	Years		Months	
Sex	male	Color or Race	Colored	Birth-place	
Occupation	<i>Hostler</i>		Where Residing if not at place of death <i>Princess Anne, Md</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>May Parsons</i>			
Father's Name	<i>Charles Parsons</i>		Father's Birthplace	<i>Roc Neck</i>	
Mother's Maiden Name	<i>Ester Parsons</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Charles Parsons</i>		How related to deceased	<i>nephew</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute suppurative appendicitis</i>	How long	<i>10 days old when operated upon</i>
Immediate	<i>Pulmonary abscess</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. L. Davis</i>	
Address <i>Salisbury, Md.</i>			
Accident or Suicide? <i>no</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

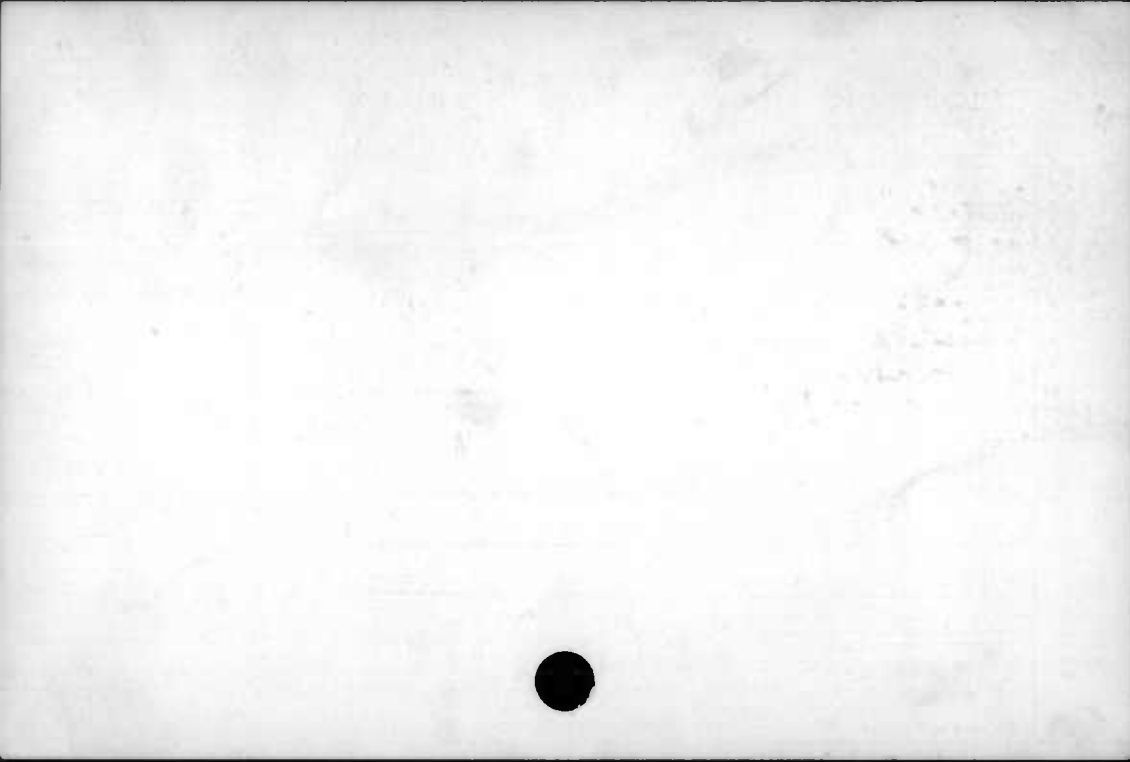
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Gussie Perdue</i>		Town <i>Parsonsburg</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Parsonsburg</i>		Month <i>Jan</i>		Day <i>24</i>		Age <i>17</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>School girl</i>		Where Residing if not at place of death					
Single or <del>Widowed</del>		Name of Wife or Husband					
Father's Name <i>George Perdue</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Milley Parker</i>		Mother's Birthplace					
Name of person giving information <i>George Perdue</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Geo. H. Pratt</i>
<i>Wicomico</i>	Address <i>Parsonsburg Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

Elizabeth F. Smith

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death		Month Jan.	Day 22 <sup>nd</sup>	Age 55	Years	Months 3	Days
Sex Female		Color or Race White		Birth- place Baltimore Md.			
Occupation Housekeeper				Where Residing if not at place of death			
<del>Married</del> Single <del>or</del> Widowed		Widow		Name of Wife or Husband Adison Smith			
Father's Name		Charles N. Crew		Father's Birthplace		Baltimore Md.	
Mother's Maiden Name		Letitia Gardner		Mother's Birthplace		Maryland	
Name of person giving Information		W. A. Crew		How related to deceased		Brother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cystitis	How long	1 Year
Immediate	Uremia	How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Geo. H. Fodor	
Address		Salisbury Md.	
Accident or Suicide?			



Name  
in  
Full

Dennis Trader

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Salisbury Town Wicomico County  
Date of death 1907 Month Jan Day 23 Age 2 Years Months 11 Days 26  
Sex Male Color or Race Black Birth-place Ind  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
Husband \_\_\_\_\_Father's Name John N TraderFather's Birthplace IndMother's Maiden Name Edna CluffMother's Birthplace IndName of person giving  
In formation John N TraderHow related  
to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Prot' disease of spineHow long 15 yearsImmediate Acute capillary bronchitisHow long 1 weekAre the name, age, sex, color, date  
and place correctly given above? Y SSignature of  
Physician

Address

Accident or Suicide? No



Name  
in  
Full

*Teressa T. Turner*

CERTIFICATE OF DEATH

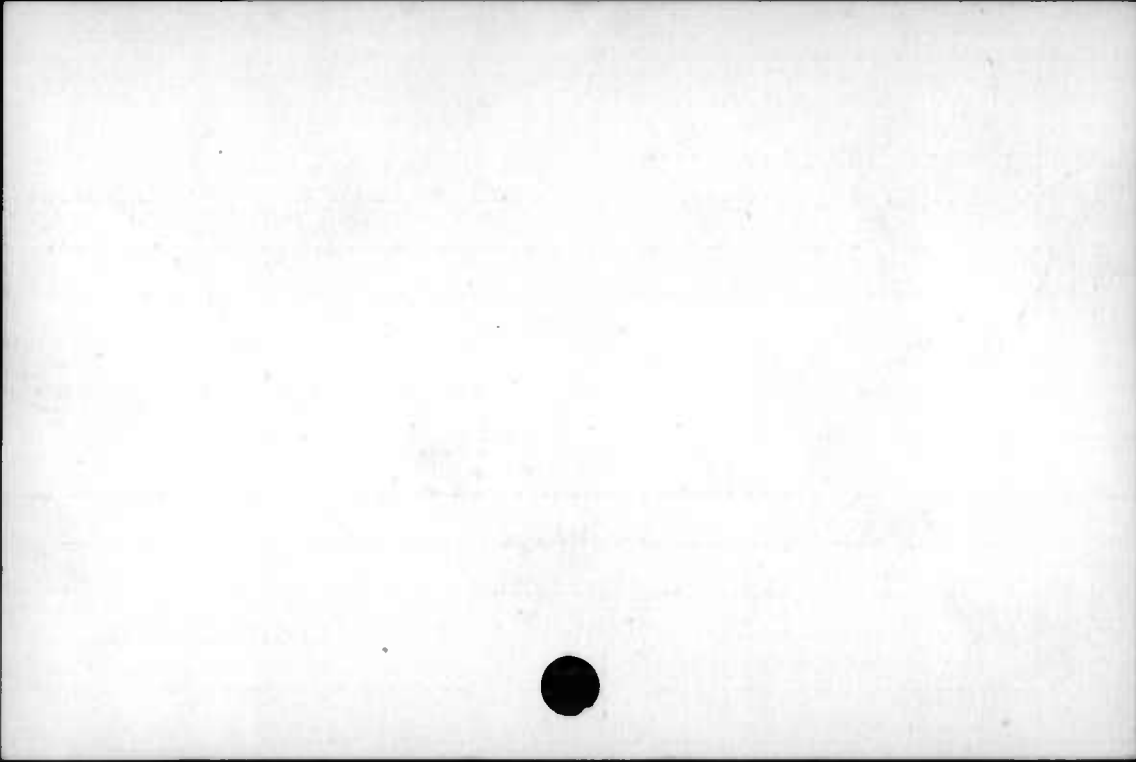
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1907 Jan. 27<sup>th</sup></i>	<small>Month</small>	<small>Day</small>	Age <i>40</i>	<small>Years</small>	<small>Months</small> <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation <i>House-Wife</i>			Where Residing if not at place of death		
Married, <del>Single</del> <i>Married</i>	Name of Wife or Husband <i>Warren D. Turner</i>				
Father's Name <i>John R. Robertson</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Rebecca</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Warren D. Turner</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes &amp; Albuminuria</i>	How long <i>17 Years</i>
Immediate <i>Uremia</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. W. Todd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Harriet Minnwright

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Wetzel		County Mingo		MARYLAND	
Date of death		Month Jan	Day 31	Age 87	Months nd	Days	
Sex female		Color or Race colored		Birth- place Buckhannon			
Occupation Housekeeper		Where Residing if not at place of death Wetzel					
Married, Single or Widowed Married		Name of Wife or Husband Washington Minnwright					
Father's Name Ephraim Stewart		Father's Birthplace Buckhannon					
Mother's Maiden Name Minty Conaway		Mother's Birthplace Buckhannon					
Name of person giving in formation Ephraim Stewart		How Related to Deceased Brother					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer	(43)	How long	2 weeks
Immediate	Flooding		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr J H O'Day	
		Address	Lester ville	
			on d	
Accident or Suicide?				

